

# **Moving On Overview & Referral Guidance for Community Partners**

**Development day**

# AGENDA

Today we are going to

- Introduce Moving On
- Identify appropriate referrals
- Referral packet
- Q&A

# Moving On Program Summary

The IHCDA HCV program has set a limited preference to receive 50 Moving On referrals each year. These referrals are available to CoC PSH projects for tenants who no longer need the level of supportive services offered at the PSH project and would like to move.

To be eligible for a referral the tenant must have lived in the property for at least 1 year and the property must commit to allow them to stay in the unit until they have identified a new unit.

# BALANCE OF STATE CONTINUUM OF CARE – PRIORITIZATION FOR MOVING ON

Currently the Moving On limited preference operates on a first come first serve basis. There are no restrictions on how many referrals may come from a given CoC region or project.

IHCDA may allow for additional referrals beyond the initial 50 in cases where a resident remaining in their current unit puts their safety at risk.

# Eligibility - HUD

Moving On Vouchers can only be accessed by CoC PSH projects.

The vouchers have the following eligibility requirements:

- The property management commits to allow the tenant to stay their until they have moved into a new unit with the HCV assistance.
- The household is not subject to the national sex offender registry
- The household has never been convicted of manufacturing methamphetamine in federally assisted housing
- The household is below the income limit (50% AMI) for the county they would like to utilize their voucher in

# ELIGIBILITY – HOUSING FIRST PROGRAM

## Housing First:

- Participants must have received at least 20 months of rental assistance to initiate the process of requesting a Housing Choice Voucher through the Moving On limited preference
- Letter of commitment from recipient to offer/provide services to the participant during their transition to the voucher
- Written description of how the recipient has used the Critical Time Intervention model to provide tailored assistance to the participant and explanation of participant's need for a Housing Choice Voucher
  - CTI Phase Plan or comparable documentation
  - CTI Closing Note or comparable documentation
  - Documentation that the participant has been connected to mainstream benefits:
  - SSI/SSDI determination letter
  - Health insurance/Medicaid
  - SNAP
  - If above are not available/applicable, statement by recipient that participant has been
  - connected to appropriate benefits/resources (please list)

# ELIGIBILITY – RRH

## Guidance coming soon

- Will be similar to HF
- Should not be part of the participant's plan when they enter RRH. The goal should always be for participants to secure stable housing without assistance at the end of their RRH term.

# Referral Process - PSH

- Property management or a service provider identifies a tenant who would like to “move on” from PSH
- Property management and/or a service provider works with the tenant to complete and submit the referral packet to IHCD
- The referral packet is submitted to IHCD at [section8@ihcda.in.gov](mailto:section8@ihcda.in.gov)
- If the tenant is wanting to live outside of IHCD's jurisdiction they are ported to the local PHA where they would like to live
  - [IHCD jurisdiction](#)



# Referral Process - HF

- Grantee identifies a tenant who would like to “move on” from HF
- Property management and/or a service provider works with the tenant to complete and submit the required documentation to IHCD Supportive Housing Analyst
- IHCD Supportive Housing Analyst reviews documentation and confirms initial Moving On eligibility
- Grantee works with tenant to complete full Moving On Voucher referral packet and submits to [Section8@ihcda.in.gov](mailto:Section8@ihcda.in.gov)
- If the tenant is wanting to live outside of IHCD's jurisdiction they are ported to the local PHA where they would like to live
  - [IHCD jurisdiction](#)

# The Referral Packet

# THE EHV REFERRAL PACKET – COVER LETTER

The cover letter/check list template for you to  
put on your letterhead

The 4-page Tenant Information Form (TIF)

The 2-page Declaration of Citizenship

The Authorization for the Release of  
Information

The 2-page Authorization for the Release of  
Information/Privacy Act Notice

The 2-page Criminal History Authorization and  
consent for the Release of Information

The 2-page Debs Owed form

The 2-page Disability/Reasonable  
Accommodation Verification

The Supplemental and Optional Contact  
Information (HUD92006)

The 2-page What You Should Know About EIV

The Zero Income Self-Certification form

BoS CoC PSH Sample referral letter

Referring agency letter head

Date

Dear IHCD Housing Choice Voucher staff,

I am referring **(enter full name)** to the IHCD HCV program under the Moving On preference. I certify that the household has resided in the property for at least one year and will be provided with housing search assistance. Additionally, as long as the household remains eligible, they may reside in their current unit until they successfully find new housing.

The household would like to live in **(insert City and/or County)**.

Attached to this letter you will find the following forms and documents:

\_\_\_\_ Tenant Information Form (completed and signed)

\_\_\_\_ Declaration of Citizenship (for each adult in household)

\_\_\_\_ Release of Authorization (for each adult in household)

\_\_\_\_ Criminal Background Search Authorization (for each adult in household)

\_\_\_\_ Verification of Disability/Request for Reasonable Accommodation (if applicable)

\_\_\_\_ EIV Brochure (Signed by head of household)

\_\_\_\_ Supplemental Contact Form

\_\_\_\_ Copy of Social Security Card or Letter from Social Security Administration (all household members)

\_\_\_\_ Copy of Birth Certificate or Other Proof of Citizenship (all household members)

\_\_\_\_ Copy of State-Issued Photo ID (for each adult in household)

\_\_\_\_ Proof of Income & Assets Such as Bank Accounts, Investments, Savings (if applicable)

\_\_\_\_ Zero Income Affidavit (if applicable)

If you have any questions, please contact me at **(insert email and phone number)**.

Signed,

# REFERRAL PACKET - TIF

- Tenant Information Form
- Page 1 - Part 1 Household contact info & biographical data.
  - Please make sure it is printed clearly.
  - If this differs from persons in the household in HMIS, please note in email.
- Page 2 - Part 1 Continued
  - Part 2 Asset Information
    - Make sure client knows they will need to provide a statement for each account, including children's savings accounts.
- Page 3 - Part 3 Income Information
  - Earned and unearned income (if in doubt report it and provide verification)
- Page 4 – Part 4 Household Expenses
  - Read each question carefully.

## TENANT INFORMATION FORM

### Part 1: Household (Cont)

- Does your family lack a regular income?
- Do you currently live on a housing program, or any other type?
- Have you or any member of your family ever been in a housing program, or any other type?
- Do you or any member of your family ever been in a housing program, or any other type?
- Have you or any member of your family ever been in a housing program, or any other type?
- Are you or any member of your family ever been in a housing program, or any other type?
- If any child or foster child is listed, list the first name of each child.

### Part 2: Asset Information

- Has any member of the family ever been in a housing program, or any other type?

Review and update household information if any of the following:

- 401(k) or 403(b)
- Bonds
- Certificate of Deposit
- Checking Account

### DOCUMENTATION REQUIRED

Documentation Attached box for

Account Holder

Verification Source Name and Address

Account Holder

Verification Source Name and Address

Account Holder

Verification Source Name and Address

Account Holder

Verification Source Name and Address

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Account Holder

## TENANT INFORMATION FORM

Tenant ID

Please review and complete this form. This information will help us determine your assistance.

Head of Household	
Unit Address	
Unit City, State, ZIP	
Mailing Address (if different than above)	
Telephone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Telephone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
E-mail Address	<input type="checkbox"/> I would like to receive correspondence via e-mail.

### Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household K = Co-Head (Not Married) Y = Youth Under 18 L = Live-In Aide  
S = Spouse (Married) F = Foster Child/Adult E = Full Time Student Over 18 A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	10. Social Security Number	11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No				

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7/6/2017 Page 1

Verification Source Name and Address	Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X Head of Household Date

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7/6/2017 Page 4





# REFERRAL PACKET – AUTHORIZATION & PRIVACY

## Authorization for the Release of Information

HA requesting release of information:

HCDA  
Indiana Housing and Community Development Authority 30  
South Meridian Street, Suite 900  
Indianapolis, IN 46204

(317) 232-7777

Tenant ID

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Use of Information to be Obtained:** HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing program. I understand that HA that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest these determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household  
Date  
Social Security Number (If any) of Head of Household  
Date  
Spouse  
Date  
Other Family Member over Age 18  
Date  
Other Family Member over Age 18  
Date

Other Family Member over Age 18

Date

Other Family Member over Age 18

Date

Other Family Member over Age 18

Date

Other Family Member over Age 18

Date

Document ID: 18183430006

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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July 28, 2018 Page 1

## Authorization for the Release of Information/ Privacy Act Notice to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

HA requesting release of information: (Choose one space if none)  
(Full address, name of contact person, and date)

HCDA  
Indiana Housing and Community Development  
Authority 30 South Meridian Street, Suite 900  
Indianapolis, IN 46204

(317) 232-7777

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers, (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information, (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD and the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Use of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form. Private sources may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing  
Cable CONTROL, NAME: 2001-42014  
exp. 07/31/2017

HA requesting release of information: (Choose one space if none)  
(Full address, name of contact person, and date)

HCDA  
Indiana Housing and Community Development  
Authority 30 South Meridian Street, Suite 900  
Indianapolis, IN 46204

(317) 232-7777

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PIHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 236c Insured Housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to the wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (SSA) only (This consent is limited to the wage and self-employment information and payments of retirement income so referenced in Section 5103(i)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (IRS) only (This consent is limited to unearned income [i.e., interest and dividends].) Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Original is retained by the requesting organization. ref: Houservivex 747017 747018 & 747019  
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form HUD-9886 (7/14)  
July 6, 2017 Page 1

Other Family Member over Age 18  
Date  
Other Family Member over Age 18  
Date  
Other Family Member over Age 18  
Date  
Other Family Member over Age 18  
Date

Document ID: 18183430006

U.S. Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Office of the Civil Rights Act of 1964 (42 U.S.C. 20060), and by the Fair Housing Act (42 U.S.C. 3601 et seq.) of 1968 (42 U.S.C. 3601 et seq.). HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form. Private sources may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

HUD, the HA or the owner may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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July 28, 2018 Page 1

# REFERRAL PACKET – CRIMINAL HISTORY

State Form: xxxxx (R/02/04/2004)  
Approved by State Board of Accounts 2004

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

Your failure to provide this consent and/or, to complete this form and provide truthful and complete information, may lead to termination or denial of assistance under 24 CFR 982.551. Information concerning this record can be obtained by writing to: Records Housing and Community Services Section, 402 West Washington Street, Room W-381, PO Box 6116, Indianapolis, Indiana 46206-6116.

I/WE consent to allow the IHCDa or the LSA to request and obtain a Criminal History records check or conduct a Criminal History background investigation for the purposes of verifying my eligibility for HUD's assisted housing programs.

Applicant Signature	Date of Birth	Date
Co-applicant Signature	Date of Birth	Date
Household Member Eighteen or Over	Date of Birth	Date
Household Member Eighteen or Over	Date of Birth	Date
Household Member Eighteen or Over	Date of Birth	Date

CRIMINAL HISTORY AUTHORIZATION AND CONSENT FOR THE RELEASE OF INFORMATION

This authorization is to allow the Indiana Housing and Community Development Authority (IHCDa) and/or its agents to conduct criminal history background investigations as authorized by the Department of Housing and Urban Development under CFR Section 5, Part 902. This section requires you to sign a consent form authorizing the Indiana Public Housing Agency to request a criminal records check on all applicants applying for the Section 8 Housing Choice Voucher program. In signing this form you are authorizing IHCDa to request criminal records from any duly authorized law enforcement agency.

- The applicant may request a copy of the criminal history report if the applicant challenges that the criminal history record is not theirs.
- If you do not agree with information contained in the criminal history report a fingerprint verification request will be made to the Federal Bureau of Investigation. You will be required to provide a complete set of fingerprints to IHCDa, at your expense.
- Applicants may request an Informal Review if you think your denial of assistance was based on erroneous information contained in the criminal history reports.
- The record will be destroyed once the purpose for the record request has been accomplished, including the period for filing a review and/or any disposition of related hearings.

We may disclose the criminal history information to Local Subcontracting Agencies (LSA) who administer the Section 8 Housing Choice Voucher Program and other authorized representatives of IHCDa who have job related needs to access the information.

Each member of your household who is over the age of eighteen must sign this consent form. Additional signatures must be obtained from new adult members or whenever a member reaches the age of eighteen.

IHCDa and its sub-contracting agency's employees are subject to penalties for unauthorized disclosures or improper use of the criminal history information that is obtained by this consent form.

18 U.S.C. 1001 provides, among other things that whoever knowingly and fully makes or uses a document or writing containing false, fictitious or fraudulent content or entry in any matter within the jurisdiction of a department or agency of United States shall be fined not more than \$10,000 or imprisoned for not more than years or both.

Software, Inc. 07/06/2017 Page 2

It is important for applicants to understand

- If they port to a housing authority not administering EHV they may be subject to regular HCV standards and the PHAs criminal background limit
- They may have difficulty finding a landlord willing to work with them based on their criminal history.

# REFERRAL PACKET – DEBTS OWED

Even though having a debt owed to public housing doesn't make you ineligible for EHV, this form should still be included in the packet and reviewed during the application process.

OMB No. 2577-0266Expires 04/30/2023



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to review the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national database of public housing agencies (PHAs) or Section 8 landlords and adverse information of involuntarily terminated participation in one of the above-listed HUD rental assistance programs. The HUD system ensures that families are eligible to participate in HUD rental assistance programs. The HUD system ensures that families are eligible to participate in HUD rental assistance programs. The HUD system ensures that families are eligible to participate in HUD rental assistance programs.

HUD requires PHAs, which administer the above-listed rental housing programs, to provide information to HUD regarding the conclusion of your participation in a HUD rental assistance program. This information is required to provide HUD, who will have access to this information and your rights. PHAs are required to provide this notice to all applicants required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this notice.

What information about you and your tenancy does HUD collect from the PHA? The following information is collected about each member of your household: birth date, and Social Security Number.

The following adverse information is collected once your participation in the HUD rental assistance program ends:

- Amount of any balance you owe the PHA or Section 8 landlord (up to \$500) (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in circumstances, utility charges, etc.); and
- Whether or not you have entered into a repayment agreement with the PHA
- Whether or not you have defaulted on a repayment agreement; and
- Whether or not the PHA has obtained a judgment against you; and
- Whether or not you have filed for bankruptcy; and
- The negative reason(s) for your end of participation or any negative violations, criminal activity, etc.) as of the end of participation date.

OMB No. 2577-0266Expires 04/30/2023

2

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

- To have access to your records maintained by HUD, subject to 24 CFR Part 16.
- To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
- To have incorrect information in your record corrected upon written request.
- To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
- To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 900 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:


Signature

Date

Printed Name



# REFERRAL PACKET – DISABILITY & ACCOMMODATION

**ihcda**   
Indiana Housing & Community Development Authority  
**DISABILITY/REASONABLE ACCOMMODATION VERIFICATION**

To: \_\_\_\_\_ From: IHCDA  
\_\_\_\_\_  
\_\_\_\_\_  
Indiana Housing and Community Development  
Indianapolis, IN 46204

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

**SUBJECT: Verification of Information Supplied by an Applicant/Participant**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of Person Requiring a Reasonable Accommodation: \_\_\_\_\_

I hereby authorize release of my medical information to the above named source.  
\_\_\_\_\_  
Signature of Applicant/Tenant Date \_\_\_\_\_

The above named person has applied for housing assistance under a program of the US Department of Housing and Urban Development (HUD). HUD requires the Public Housing Authority to verify all information that is used in determining this person's eligibility or level of benefits.

If you have first hand knowledge that one or more of the following conditions exist, please complete this questionnaire and return directly to the agency/person listed above.

We ask your cooperation in providing the following information and returning it to the person listed on the top of this page. Your prompt return of this information will help assure timely processing of the application for assistance. The applicant/tenant has consented to a release of medical information as shown above.

This verification is required for the applicant/tenant to receive allowances and/or exemptions available only to households whose Head, Spouse, or sole member is disabled and/or to determine if accommodations requested by the a disabled applicant/participant will eliminate barriers to housing that prevent full participation in the Housing Choice Voucher Program.

Does the above named person meet one of the following definitions of disability? Please indicate all that apply by checking yes or no.

Yes ☐ No ☐ 1. A person having physical or mental impairment that:

- is expected to be of long-continued indefinite duration
- substantially impeded the person ability to live independently; and
- is such that the person's ability to live independently could be improved by more suitable housing conditions.

Yes ☐ No ☐ 2. A person has a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act. (42US 6002(7)) generally provided as follows:

- is attributable to a mental and/or physical impairment or combination of mental and physical impairments;
- is likely to continue indefinitely;
- results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care; receptive and responsible language; learning mobility; self-direction; capacity for independent living; and economic self-sufficiency; and

Revised 7/11/2016

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person's need for a combination and sequence of special, interdisciplinary, or treatment, or other services that are of lifelong, or extended duration and are planned and coordinated.

ronic mental illness, i.e., if he/she has a severe and persistent mental or that seriously limits his/her ability to live independently (e.g. limiting ability to primary aspects of daily living, such as personal relations, living situation, etc.) and whose impairment could be improved by more suitable

disabled, or at risk of institutionalization, is living in or at risk of being living, long term rehabilitation center or hospital.

alization is defined as households with a disability whose functioning is so severe with their capacity to remain in the community without supportive ability is severe and persistent and may limit their capacity for engagement as of daily living, interpersonal relationships, housekeeping, self-care, recreation. The disability may limit their ability to seek or receive local, state, or such as housing, medical, and dental care, rehabilitation services, income of stamps, or protective services.

quire the assistance of a live in aide to accomplish activities of daily living, or, which the applicant/tenant cannot perform because of his/her disability?

Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

modation requested above will benefit the applicant/participant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

information presented in this verification is true and accurate to the best of knowledge(s) that providing false representation herein constitutes an act of violation may result in the termination of the Section 8 Housing Choice

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_

relative housing program in which there are no barriers to obtaining national origin, handicap or familial status

Page 2

## Disability & Reasonable Accommodation Verification

If client indicated on the TIF that they are disabled and they do not complete this form or provide SSI or SSD Statement, they will not be marked as disabled.

You can avoid a follow up email by stating in the referral that client has indicated they are disabled but is not receiving SSI or SSD and is not requesting an accommodation.

# REFERRAL PACKET – ALTERNATE CONTACT HUD-92006

- Even if the client does not have an alternate contact, they still need to complete the top of this form, sign and date it and check the box indicating they are choosing not to list an alternate contact.
- Please encourage them to list someone here.
- If they don't have a personal contact here, they can use the person who is assisting them with completing the form or another case worker.
- They must indicate under what conditions this person may be contacted.

Exp. (U2/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	
<div style="display: flex; justify-content: space-between;"><div>Signature of Applicant</div><div>Date</div></div>	

Information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information is estimated to take 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information.

# REFERRAL PACKET – WHAT YOU SHOULD KNOW ABOUT EIV

This prints in landscape and when part of a complete packet, the signature often gets skipped. Please double check packet for this signature.

Please make sure applicants understand what EIV is used for and the penalties for fraud.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

pages at: <http://www.hud.gov/office/pih/programs/primipub.cfm>

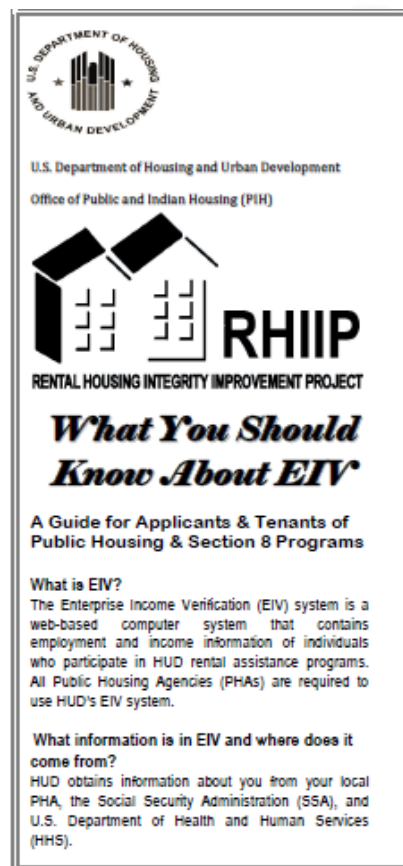
The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



## What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

## What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

# REFERRAL PACKET – ZERO INCOME FORM

## Zero Income Self-Certification

Applicant ID \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

All applicants that claim zero income must complete this form every 90 calendar days. Failure to complete this form in a timely manner may result in the denial of housing assistance. Additionally, any and all changes in household income and/or composition must be reported within fifteen (15) calendar days of the change through the use of the Report of Change Form.

Income Source	Yes/No	Monthly	If "Yes", who receives it
Alimony Payments or Child Support		\$	
Disability Benefits, Supplemental Security Income (SSI), or Death Benefits		\$	
Financial assistance to attend school		\$	
Military Pay		\$	
Periodic Gifts		\$	
Retirement Payments		\$	
Self Employment		\$	
Social Security Benefits or Unemployment Benefits		\$	
Wages/Salaries or Workers Compensation		\$	
TOTAL		\$	

	Monthly	Paid for by (Full Name, Mailing Address, & Telephone Number/E-mail Address)
Rent and Utilities	\$	
Toiletries (e.g. shampoo, soap, etc.)	\$	
Food/Beverages/Cigarettes	\$	
Telephone	\$	
Cable/Internet/Hotspot	\$	
Transport (e.g. bus, gasoline, taxi, etc.)	\$	
Baby Items (e.g. formula, diapers, etc.)	\$	
Laundry (e.g. detergent, cleaners, etc.)	\$	
Clothing	\$	
Other	\$	
TOTAL	\$	

### Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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IHODA -

Page 1

This form is required if the client does not have any income.

Please go over it with them to ensure you have talked about everything. They may not mention some income when you are going through the TIF because they don't think it counts.

When talking about expenses, they can put n/a only if it does not apply at all (ex. diapers if they don't have babies). Otherwise, they should have something in each blank, even if it is a donation/pantry/gift from friend or family.